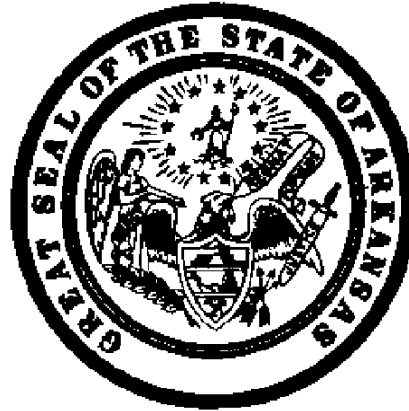


PROGRAM IMPROVEMENT PLAN

FY 2003 – FY 2005



ARKANSAS
DEPARTMENT OF HUMAN SERVICES

DIVISION OF CHILDREN AND FAMILY SERVICES

July 2003

Table of Contents

Introduction.....	3
Findings from the Child and Family Service Review Report (CFSR).....	3
Development of the Program Improvement Plan	6
Analysis of the Findings from the CFSR Report.....	9
Actions Needed to Address Areas Needing Improvement.....	14
Major Strategies	15
Benchmark Goals.....	18
Description of Monitoring That Will Be Used for Quarterly Reports	19
Other Management Reports/Activities	21
Oversight, Coordination, and Monitoring of PIP Implementation.....	22
Description of the Organization.....	24
Program Improvement Plan Strategies and Action Steps.....	26 – 51

Arkansas Structure for Program Improvement

Introduction

The Child and Family Services Review (CFSR) addresses seven outcomes for children and families in the areas of safety, permanency, and child and family well-being, and seven systemic factors related to the State's ability to serve children and families effectively. The CFSR is conducted jointly by the State and the Administration for Children and Families (ACF), Department of Health and Human Services. The CFSR for the state of Arkansas was conducted by the ACF during the week of July 9-13, 2001. The Division of Children and Family Services (DCFS) received a report on the results of the review on May 6, 2002.

Findings From the CFSR Report

Systemic Factors

The Arkansas CFSR determined that the state is operating in substantial conformity in all seven (7) of the systemic factors:

- Statewide Information System,
- Case Review Systems,
- Quality Assurance System,
- Training,
- Service Array,
- Agency Responsiveness to the Community, and
- Foster and Adoptive Parent Licensing, Recruitment and Retention.

Outcomes

Arkansas was found in substantial conformity with only one of the seven outcomes:

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Status: Substantial Conformity

90% of the cases reviewed substantially achieved this outcome. The State was found to be initiating investigations of abuse and neglect in a timely manner and making adequate efforts to avoid repeat maltreatment of children. The State also met the national standards for the two statewide data indicators associated with this outcome. The State's performance on the incidence of repeat maltreatment was 4.48%, compared to the national standard of 6.1% or less. The State's performance on the incidence of maltreatment while in foster care was 0.29%, compared to the national standard of 0.57% or less.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Status: Not in Substantial Conformity

72% of the cases reviewed substantially achieved this outcome, compared to the 90% that is required for a determination of substantial conformity. The services that the agency provides to families to prevent out of home placement and its assessment for continuing risks to children were both areas that reviewers determined to be in need of improvement.

Permanency Outcome 1: Children have permanency and stability in their living situations.

Status: Not in Substantial Conformity

62% of the cases reviewed substantially achieved this outcome, compared to the 90% required for a determination of substantial conformity. The State met the national standard for one of the four statewide data indicators associated with this outcome, the length of time to achieve reunification, at 83.38%, compared to the national standard of 76.2% or more. The State did not meet the national standards for the remaining three data indicators for this outcome:

- length of time to achieve adoption (State: 26.02%, national standard: 32% or more),
- foster care re-entries (State: 10.57%, national standard: 8.6% or less), and
- stability of foster care placements (State: 68.63%, national standard: 86.7% or more).

In particular, the review determined that children in foster care often experience multiple placements and that there is not a timely achievement of permanency goals for many children in foster care.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Status: Not in Substantial Conformity

73% of the cases reviewed substantially achieved this outcome, compared to the 90% required for a determination of substantial conformity to this outcome. The review identified strengths in the Division's efforts to place children in close proximity to their families and communities to support visits between children in foster care and their parents. The review identified needs for improvement in establishing permanency goals for children in foster care promptly, reducing the number of moves experienced by children in foster care, moving children into adoption placements in a more timely manner, preserving significant connections for children in foster care beyond contact with their parents, and making greater use of extended family members as possible placement options for children.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Status: Not in Substantial Conformity

60% of the cases reviewed substantially achieved this outcome compared to the 90% required for a determination of substantial conformity. Strengths identified in this outcome include an array of services available to families in the more urban parts of the state and the presence of case planning documents in a majority of the cases reviewed. However, reviewers also identified a number of areas needing improvement, including a lack of follow up by the agency in some cases where services were recommended, narrowly focused assessment of needs, limited availability of services in rural parts of the state, lack of attention to the needs of foster parents who are parenting behaviorally challenging children, and a lack of involvement of parents and age-appropriate children in developing their case plans. Also, the review identified problems regarding the quality of visits between agency caseworkers and parents and children in their caseloads, with many visits appearing to be unfocused and perfunctory.

Well-Being Outcome WB2: Children receive appropriate services to meet their educational needs.

Status: Not in Substantial Conformity

82% of the cases reviewed substantially achieved this outcome, compared to the 90% required for a determination of substantial conformity. The review determined the agency's use of comprehensive assessments of children including their educational needs, provided by The University of Arkansas for Medical Services, to be a strength. However, reviewers also determined that the educational recommendations from these assessments were not always followed.

Well-Being Outcome WB3: Children receive adequate services to meet their physical and mental health needs.

Status: Not in Substantial Conformity

74% of the cases reviewed substantially achieved this outcome, compared to the 90% required for a determination of substantial conformity. The review determined that initial medical and mental health screenings were occurring in a timely manner. However, there were a number of cases in which the recommendations from the screenings were not followed by the agency.

Development of the Program Improvement Plan

States are required to develop and implement a Program Improvement Plan (PIP) to address any of the outcomes or systemic factors determined not to be in substantial conformity in the CFSR. Upon receipt of the CFSR report, DCFS convened the Arkansas PIP Development Work Group (members are listed in the Agreement, which is Attachment A) on May 20, 2002 and embarked on a planning endeavor that included members of the original CFSR Statewide Assessment Team, on-site CFSR review team members, and interested stakeholders. Eight (8) groups were formed to identify priorities, develop action steps and outline tasks needed to achieve and accomplish the work detailed in the plan. This plan is the culmination of work and commitment of state staff, stakeholders, consumers, foster parents and providers to assist the agency in improving our service delivery to children and families through continuous quality improvement in the system aimed at promoting safety, permanency and well-being for the children of the state of Arkansas.

The Division is involved in a number of on-going partnership efforts whose products have been used in PIP development, who assisted with PIP development and will provide strong support and assistance with PIP implementation. In each group there are members from the PIP who have been very active in bringing to these groups our preliminary plans and needs. In addition, many of these groups are currently working on a number of issues that directly impact the successful improvement of items and outcomes listed in the PIP.

The Supreme Court Ad Hoc Committee on Foster Care and Adoption - Under the auspices of the Court Improvement Project managed by the Administrative Offices of the Court, the committee meets periodically to assess dependency-neglect proceedings, make findings and recommendations and implement plans for improvement in court practice to enable children who are abused and neglected to be placed in safe and permanent homes in a timely fashion.

Professional Development Team – The Professional Development Team (PDT) is the representative advisory body for the MidSOUTH's competency based training system, and an essential component in assuring the ongoing effectiveness and quality of the training program. The team is involved in decision-making, operational planning and program evaluation for professional development and advocates for policy, procedural, and other changes in the service system to help achieve high practice standards. Committee membership is made up of the MidSOUTH Program Directors, representatives from the Academic Partnership, DCFS Area Managers, Program Managers and Executive staff. Meetings are on a regular basis, typically bi-monthly or quarterly as determined by the membership.

The Foster Child Mental Health Collaborative – In April 2001 the DCFS Director, Roy Kindle, invited representatives and decision-makers from other DHS divisions, other state agencies (e.g., the Department of Education and the Bureau of Alcohol and Drug Abuse of the Health Department), the judiciary, consumers and private providers to work with DCFS in a collaborative for the purpose of developing *“a statewide plan for improving foster children’s access to mental health services”*. The members of the Foster Child Mental Health Collaborative (FCMHC) agreed to promote a systemic approach to mental health services that:

- Utilizes and enhances current successful systems
- Compliments and supports rather than duplicates other relevant initiatives in state government, including CASSP
- Utilize the CASSP philosophy and services system- legislation from the last session (ACT 1517 of 2001) provides for an enhanced and expanded development and implementation of CASSP
- Utilizes national “Best Practice” methodologies
- Address the needs of special populations
- Address multi-cultural competencies

The Foster Child Mental Health Collaborative reviewed the current DCFS system components and processes that impact mental health services for foster children and made recommendations for refinements of existing systems used for mental health services for children in foster care. Several members of this group are also members of the Program Improvement Plan development committee.

Education Committee – The Education Committee has representatives from the Department of Education, the MidSOUTH Training Academy staff, DCFS and University of Arkansas Medical Services (UAMS). The Committee is developing policy to meet the educational needs of a foster child especially the special education needs. A pilot was conducted in Pulaski County last year to improve the amount of referrals for Individual Education Plan (IEP's). The pilot project helped improve relationships, however, the pilot created several other issues that need some resolution. Staff from the Departments are currently working on these issues.

Annie E. Casey Foundation – This foundation is currently working with the Department of Human Services (DHS) to assist in the development of a performance management system that identifies the beliefs that drive DHS, the outcomes sought for families and children, and performance measures to know whether those outcomes are being achieved. DHS is utilizing that work to implement a pilot project to work with courts on Family In Need of Services (FINS) cases by implementing a timely, integrated family assessment. The project will be piloted in Pope County. Performance indicators for this project include reduction in out-of-home placements, days in inpatient psychiatric care, multiple placement and length of stay in foster care and increase in consumer satisfaction with services.

IV-E Partnership - DCFS contracts with the University of Arkansas at Fayetteville (UAF) to manage the Arkansas Academic Partnership in Public Child Welfare. This statewide collaboration between DCFS and the Arkansas universities (UAF, Arkansas State University, Arkansas Tech University, Harding University, Philander Smith College, Southern Arkansas University, University of Arkansas at Monticello, University of Arkansas at Pine Bluff and University of Arkansas at Little Rock) focuses on education and training to improve child welfare practice. UAF manages the partnership by working cooperatively with DCFS and with the other universities in the partnership in a leadership role. The partnership objectives are to develop a family-centered child welfare curriculum and infuse it into interdisciplinary academic curricula statewide; to recruit and prepare university/college students for employment in the child welfare system administered by DCFS; and to better prepare child welfare workers and supervisory staff through state-of-the-art new staff training and continuing education.

Mentoring Supervisors Project- DCFS received a grant through the Southern Regional Quality Improvement Center on Child Protection (SRQIC) out of the University of Kentucky College of Social Work. The Schools of Social Work at UALR and UAF and the Arkansas Commission on Child Abuse, Rape and Domestic Violence partnered with DCFS in the grant proposal and implementation. The grant funds a research project in Mentoring of Child Welfare Supervisors for a three-year period, with an additional year funded for data analysis. Through the grant the Universities will provide mentoring and support for participating child welfare supervisors of child protective service workers. The evaluation will determine the effect of this mentoring in these areas:

- a. Influence on practice by increasing the number of structured case reviews between supervisor and worker; increase use of a case review instruments for the structured case reviews and increase in families successfully completing a case plan with the child's safety insured.
- b. Reduce worker turnover through the use of individual supervisory sessions, increase worker satisfaction with the individual supervisor, decrease in worker turnover and increase in the supervisors' satisfaction with their supervisory capabilities.
- c. Change in client outcomes by decrease in repeat maltreatment reports, the number of children who move to a higher level of care (foster care) and the number of families who come back into the Child Protective Service system and an increase in the number of appropriate services provided to families and client satisfaction with services.

COA Accreditation - DCFS is seeking accreditation approval through the Council on Accreditation for Services to Children and Families (COA). COA accreditation is a process of evaluating an organization against best-practice standards. The standards represent up-to-date research findings, regulations, and practice experience that together serve to define quality organizational practice. DCFS has a number of work groups assessing compliance with the standards in order to develop a self-study and implement corrective action needed.

Analysis of Findings from the CFSR Report

Strengths of the Review

These strengths were taken into account in the analysis of work to be done in development of the Program Improvement Plan. We will continue to build on these strengths as the work plan unfolds.

Investigations –

- 91% of cases reviewed met or exceeded the state's policy regarding timeframes for initiating investigations.
- The working relationship between DCFS and the Arkansas State Police facilitates the timeliness for initiating investigations.
- Face-to-face contact with victims and significant family members was within department guidelines in a majority of cases.

Independent Living -

- Good staff support and concrete preparation services were provided to teens transitioning from foster care to independence
- The case review revealed several examples of teens receiving a great deal of basic life skills services in their foster homes.
- Teenage mothers are given very practical parenting skills training from foster parents and through formal parenting classes.
- The DCFS Youth Advisory Board has been helpful to the agency in recognizing the need for more supports and services for older youth.

Adoptions –

- The state of Arkansas has made good strides in increasing the overall number of children placed in finalized adoptions.
- The Department has included more aggressive recruitment of adoptive homes in their most recent state plan update.
- There were good examples noted of infants and very young children being moved into adoptive placements in a more timely manner than in years past.

Foster Care -

- The final report noted that there were some strong connections observed between older children and their caseworkers which
- provided the youth with connections even after they aged out of the foster care system.
- Service plans and updates were found in most cases reviewed.
- Comprehensive health evaluations were conducted for children through the University of Arkansas for Medical Sciences.

Service Array and Case Planning –

- There is a good array of services available in some areas of the state.
- There were situations found in which other family members, in addition to the parents, were involved in case planning.
- Safety issues were assessed prior to making decisions to reunify families.

Systemic Factors - Among the many strengths identified in the systemic factors, the review particularly noted strength in the agency's efforts to expand quality assurance efforts to track outcomes and to support field staff in case management activities.

Areas Needing Improvement

We recognize that items listed as Areas Needing Improvement in the Final Report may have been generated from an isolated stakeholder comment or may have been supported by numerous findings in the Case Record Review. Our analysis of the Areas Needing Improvement revealed the following critical areas to be addressed. Other areas identified were also important, but we believe the systemic changes planned will address them.

Outcome Safety 2 – Children are safely maintained in their homes whenever possible and appropriate.

Item 3. Service to family to protect child(ren) in home and prevent removal.

- Some safety risks are not being identified and addressed.
- Some cases were closed for services even though there were clear risk factors present
- Coordination among service providers involved in a case may not always occur.
- Service gaps affected outcomes for children and families, particularly in rural counties.

Item 4. Risk of harm to child

- In some cases, risk was identified but not addressed.
- Risk of repeat maltreatment was not always sufficiently addressed.
- Risk was not always assessed and addressed in FINS cases.

Outcome Permanency 1: Children have permanency and stability in their living situations.

Item 5. Foster Care re-entries

- There was one case in which reentry was identified as a problem. In that case the lack of adequate services to achieve or maintain change in the risk situation, leading to re-entry into foster care.

Item 6. Stability of foster care placement

- May be insufficient formal assessments of placement matches between foster homes and children needing placement.
- Communication problems between DCFS and individual providers and what is perceived as a lack of a partnership philosophy may result in foster parents feeling unsupported.
- Respite care services do not appear to be consistently offered as a resource to diffuse difficult placement situations.
- Teens with multiple behavioral and mental health service needs have the most frequent moves.
- Services of sufficient type and quantity do not appear to be in place to impact placement disruptions.

Item 7. Permanency Goal for Child.

- Some caseworkers may have difficulty with the concurrent planning concept.
- Absent fathers are not always pursued and this can delay permanency.
- Although the report mentions perceptions and beliefs that older children are less likely to be placed in adoptive homes. In FY 2002, 22% of the children placed in adoptive homes were 12 years old or older.

Item 8. Independent living services.

- There was only one case in the review in which Independent Living Services was rated an Area Needing Improvement.
- Although independent living skills development activities were occurring, they may not have been included in the youth's case plan.
- At times foster parents were not aware of the independent living plans for children in their care.
- Some youth were not involved in their own service plan.
- There may be a need for clarity as to when independent living services should begin and what level of assessment youth receive.
- Services may either be lacking or inconsistently delivered.

Item 9. Adoption

- Reviewers and stakeholders input indicated that there were cases with no timelines or sense of urgency to move children into permanent placements and cases where there had been uneven attempts to search for adoptive homes for children with special needs.
- May be a lack of coordination between the primary caseworker and the adoption worker.

Outcome Permanency 2: The continuity of family relationships and connections is preserved for children.

Item 12. Placement with siblings

- A limited number of foster homes may make it difficult to keep large sibling groups together.
- If siblings must be separated, there may not be subsequent efforts to get them back together.

Item 13. Visiting with parents and siblings in foster care.

- There were inconsistencies regarding the continuation of visitation between siblings in TPR/adoption cases.
- There may be cases where visitation does not occur between children and parents because DCFS was not able to provide necessary supervision for the visit.

Item 14. Preserving connections

- Fathers of children in foster care are not always sought or involved, especially if they have previously been absent.
- Multiple moves for some children had a negative impact on their ability to maintain connections.
- There is a lack of clear policy and procedure about contact between children in foster care and extended relatives after TPR.
- May not be sufficient probing in all cases as to whether the child has Native American heritage.

Item 15. Relative Placement

- Efforts were not always made to pursue relative placement.
- DCFS tended to limit the involvement of fathers in placement plans for their children.
- Some cases indicated a lack of services and supports to relatives who were attempting to provide care for their family members.

Outcome Well Being 1: Families have enhanced capacity to provide for their children's needs.

Item 17. Needs and services of child, parents, foster parents

- There were concerns that assessments were narrowly focused, that the current family needs assessment tool was not comprehensive or family focused enough and that assessments in in-home cases were not always quality.
- There may be issues with lack of follow-up on service recommendations from providers, coordination of service delivery among multiple service providers, and closure of cases without reduction of risks.
- There was concern that foster parents were not always provided services needed to assist them with children with behavioral problems.

- Some areas have too few resources available to address some assessed needs.
- Sometimes families and age appropriate children were not involved in the plans developed for their cases.

Item 18. Child and family involvement in case planning

- Sometimes families and age appropriate children were not involved in the plans developed for their cases.
- Fathers of children in foster care are not always sought or involved in case planning.

Item 19. Worker visits with child

- Stakeholders suggest that there needs to be more focused guidelines on the expected content and/or the outcomes for visits between children and caseworkers.
- Need to analyze the practice of the visitation and waiver policies.

Item 20. Worker visits with parents

- Need for clarification of visitation policy, including documentation of visits.

Outcome Well Being 2: Children receive appropriate services to meet their educational needs.

Item 21. Educational needs of the child

- Need for uniform documentation of assessments and follow-up services as part of the case plan.

Outcome Well Being 3: Children receive adequate services to meet their physical and mental health needs.

Item 22. Physical health of the child

- Inconsistencies were noted regarding the assessment and follow up of health services for in-home cases and FINS cases
- There were cases in which health needs were identified but there was insufficient follow up regarding these needs.

Item 23. Mental health of the child

- Provider's recommendations were not always followed.
- Mental health needs of children in in-home cases were not always assessed.
- Some foster parents raised concerns for the mental health assessments and follow up for children in their care that were not addressed.

Actions Needed to Address Areas Needing Improvement

In analysis of the areas needing improvement and discussion of what needs to be done to address them, the PIP Development Team identified the following needs:

To have a coordinated assessment and case planning process that includes the following:

- . To uniformly assess risk throughout the life of the case and to provide services to address identified risks, in order to maintain children safely in or return them safely to their homes when possible and appropriate and to prevent unnecessary re-entry into foster care. This would be used in all cases, including cases involving Families in Need of Services (FINS) [Outcome S2 Items 3 and 4, Outcome P1 Item 5 and 7, Outcome WB1 Item 17].
- Families, children, when appropriate, DCFS staff, foster parents, providers and others involved in the child's life are actively involved in case planning. Non-custodial fathers should be included in this process. [Outcome P1 - Item 8, Outcome P2 Items 14 and 15, Outcome WB1 Items 17 and 18].
- When a child is in foster care, case-planning practice evidences a sense of urgency for permanency with goals established quickly and movement made toward achieving those goals in a timely manner. [Outcome P1 – Item 7]. This practice would reflect the belief that all children, regardless of age, can be adopted. [Outcome P1 - Items 7 and 9]
- To assure children's educational, physical and mental health needs are assessed and identified needs are addressed in the case planning process [Outcome WB 2 - Items 21 – 23]
- To assure that services are delivered to routinely assess the independent living skills of teens and to plan and implement services to develop those skills. [Outcome P1 - Item 8]
- Services are delivered and coordinated among providers in accordance with the case plan [Outcome S2 - Item 3]
- Services and supports continue when a child is returned to their parents, to prevent unnecessary re-entry into foster care. [Outcome S2 - Item 3 and Outcome P1 - Item 5]
- Workers have the capacity and responsibility for visitation with the child and the parent as often as needed to meet case objectives. [Outcome WB1 - Items 19 and 20]
- To assure that all children in foster care maintain their connections to their parents, siblings and extended families and other individuals, groups and activities important to them, including visitation with parents and siblings. [Outcome P2 - Items 13 - 15]
- Workers have a uniform understanding and utilization of concurrent planning [Outcome P1 - Item 7]

To develop a system to identify and address service gaps, particularly in rural areas. [Outcome S2 -Items 3 and 4, Outcome P1 – Items 5 and 6, Outcome WB1 - Item 17, and Outcome WB2 –Item 23]. The array of services that will result will assure that services are available to address children’s educational, physical and mental health needs. [Outcome WB2 – Items 21-23].

To develop a more comprehensive array of placement options to meet children’s needs and to better assess placement needs of individual children, in order to best meet the needs of the child and reduce the number of moves children experience in foster care. This would include options that would allow for siblings to be placed together and that relatives be pursued and supported as placement options when appropriate. [Outcome P1 – Items 5 – 7 and Item 9, Outcome P2 – Items 12, 14 and 15, and Outcome WB 1-Item 17]. This array would be formed through development of stronger partnerships with foster parents and providers and assurance that adequate services are available and provided to support placements. [Outcome P1 – Items 6 - 9, Outcome P2 - Items 12, 14 and 15, and Outcome WB1 – Item 17].

Major Strategies

Based on the three systemic needs identified, the Arkansas Program Improvement Plan is built on three broad strategies:

1. Improve case assessments and case planning.

The key to effective child welfare practice is a good family assessment and development and implementation of an appropriate case plan. DCFS has a number of automated practice tools that have been adopted over a number of years, including a Health and Safety Assessment, Risk Assessment, Family Strength and Needs Assessment and Case Plan. These tools may increase our ability to have data, but may not be systemically linked, evidence based or family or worker friendly. We need to review the processes that have developed over time to determine if indeed they are state of the art, evidence based, make sense systemically and are easy for workers and families to utilize. Such a review will require that we examine in detail our process for service delivery. It will include a review of the tools, policies, procedures, training, supervision and supervisory tools and monitoring. The purpose will be to determine if this system reflects best practice, is evidence based, and is worker and family friendly. This review process must be conducted with participation from staff at all levels of the organization, key stakeholders and families. During the process, the CFSR items and Areas needing improvement listed in the report and restated above will be addressed.

The completion of the action steps and tasks for this strategy outlined in the matrix portion of the plan will do the following:

- improve assessment of risk, case planning and services to families (including FINS) so that identified risks are appropriately addressed and children are safely maintained in their homes whenever possible and appropriate [Outcome S2 - Items 3 and 4, Outcome P1 – Items 5 and 7, and Outcome WB1 – Items 17 and 18];
- improve the timeliness of permanency for children through increased skill in concurrent planning [Outcome P1 - Items 7 and 9];
- increase the involvement of families in the case planning process [Outcome WB1 - Item 18];
- improve connections between children in foster care and their families [Outcome P2 - Items 13 and 14];
- increase children who can be placed with their siblings and with relatives [Outcome P2 - Item 12 and 15]
- assure appropriate visitation between children in foster care and their parents and siblings in order to assure relationships are maintained and permanency is facilitated [Outcome P2 - Item 13];
- enhance the quality and documentation and increase workers' visits with children and with parents, and visits between children and their parents [Outcome P2 – Items 13 and 14, Outcome WB1 – Items 17, 19 and 20];
- increase supports to foster parents and thereby increase stability of foster care placements [Outcome P1 - Item 6, Outcome WB 1– Item 17];
- assure that children's educational, physical and mental health needs are assessed and addressed [Outcome WB2 - Items 21-23]; and
- assure *all youth* who leave foster care have independent living skills [Outcome P1 - Item 8].
- reduce foster care re-entries while assuring children are maintained in their home safely [Outcome P1 - Item 5];

2. Expand the array of available services

Assessing family needs and planning to meet those needs can only be accomplished if needed services are readily available.

In order to assure service availability we will develop a system that can be used on an on-going basis to assess and develop needed services. This would include services to:

- Prevent out of home placement so that children can remain safely in their homes when possible and appropriate or can be safely reunified when appropriate [CFSR Outcome S2 – Items 3 and 4]
- Enhance the capacity of families and foster families to care for and protect their children [Outcome WB1 – Item 17]
- Meet the needs of the children in foster care and adoptive homes and their families [Outcome P1 – Item 9].

The completion of the action steps and tasks for this strategy outlined in the matrix portion of the plan will accomplish the following:

- increase the capacity to meet the service needs of children, parents, foster parents and relative caregivers [Outcome S2 - Items 3 and 4, Outcome P1 – Items 5 and 6; Outcome WB1 – Item 17]; improve services to meet the educational needs of children served [Outcome WB2 - Item 21];
- improve services to meet the physical and mental health needs of children served [Outcome WB 2 - Items 22 and 23] and
- reduce foster care re-entries while assuring children are maintained in their home safely [Outcome P1 - Item 5];

3. Develop a full continuum of out-of-home resources.

Children who enter foster care need to have a stable placement that can meet their needs and that will work as part of the team to move the child to permanency. We want to develop a system to expand the types, quantity and, in some instances, the quality of the out-of-home resources now available for children.

The completion of the action steps and tasks for this strategy outlined in the matrix portion of the plan will accomplish the following:

- reduce foster care re-entries while assuring children are maintained in their home safely [Outcome P1 - Item 5];
- decrease the number of placements children experience while in foster care [Outcome P1 - Item 6];
- place siblings in foster care together unless to do so would be detrimental to the children [Outcome P2 - Item 12];.
- assure that relative placement is explored and pursued, when appropriate, in every case [Outcome P1 – Item 7 and P2 - Item 15];
- assure children in foster care who cannot return home are placed in an adoptive home soon after termination of parental rights [Outcome P1 – Item 9];
- assures that children’s needs are met while in care [Outcome WB1 – Item 17, and Outcome WB2 – Items 21-23] .

Some outcomes and items are addressed by more than one strategy. For instance, re-entries of children into foster care is addressed in all three. That is because DCFS conducted a special study of re-entries into foster care which determined that to adequately address the issue, we needed to look at how we assess families and involve them in case planning (Strategy One), the resources available to support the reunified family (Strategy Two) and the continuum of services available to meet a child’s needs while in care (Strategy Three).

We recognize that these are not simple strategies and will not be easily accomplished. In order to improve and support good practice, we will address the following:

- Policy and procedural enhancements
- Tools
- Supervision
- Training enhancements
- Enhancements to the Children's Reporting and Information System (CHRIS) SACWIS System
- Enhancements and additions to the Quality Assurance System
- Systems development.

We believe that outlining the expectations for practice and supporting that practice through these enhancements will lead to improved practice. Based on these three strategies, we developed the PIP Work Plan, which follows. In order to facilitate tracking of process and qualitative benchmarks, we included the Tracking Matrix that follows the Work Plan.

Benchmark Goals

DCFS will use three (3) types of benchmarks to determine successful completion of the Program Improvement Plan:

- Process Benchmarks – We will monitor and report on a quarterly basis progress on accomplishing the benchmarks/tasks. (enhancements to policy and training and other efforts to strengthen case practice) listed in the work plan and tracking matrix. Training will be monitored through submission of training agendas, lists of attendees by positions, trainee satisfaction and (where appropriate) pre- and post- tests. Evaluation of practice change resulting from training will be conducted when feasible.

DCFS currently has 400 Family Service Workers (ie., Trainees, Family Service Workers (FSW) or FSW Specialists), 143 FSW Supervisors and 10 Area Managers. Not all FSW's perform the same function – some conduct child maltreatment investigations, some do only foster care, some do everything. Additionally, some supervisors are specialized (e.g., Assessment Team Supervisors). Therefore, not all FSW's or Supervisors will attend all training.

- Qualitative Benchmarks – These are numerical benchmarks used to determine whether accomplishing the tasks in the plan actually makes the intended change in practice. These benchmarks will be monitored through the use of the Quality Services Peer Review (QSPR) conducted monthly by a team of Quality Assurance Reviewers and peers. These are described in more detail on page 19.
- Outcome Benchmarks – Arkansas has replicated the logic of four (4) of the six (6) National Outcome Standards to provide numerical benchmarks to assist in determining if the state is in substantial conformity with these standards.

Description of Monitoring That Will be Used for Quarterly Reporting

Quarterly Reports

DCFS will submit Quarterly PIP Progress Report to ACF, Dallas based on the above benchmarks. The quarters for reporting will be July through September; October through December; January through March; and April through June. Reports will be filed on: November 15, 2003; March 15, 2004; August 15, 2004; May 15, 2004; August 15, 2004; November 15, 2004; March 15, 2005; August 15, 2005; May 15, 2005 and August 15, 2005. This schedule anticipates a six-week interval for data analysis and review of the teams reports following the completion of each designated quarter.

Content of PIP Quarterly Progress Reports

Each Quarterly Report will include an update on progress of implementing the Benchmarks. It will also provide a progress report in measuring progress made in quantitative methods. If action steps and goals for an item are completed and qualitative and outcome measures met for two consecutive quarters, Arkansas will stop reporting on that item.

We have a number of monitoring tools, activities and reports that will provide us with the necessary information to document progress in the quarterly reports. These include the following:

Outcome Measures Report

The Division has duplicated the logic used to report the six (6) National Standards based on NCANDS and AFCARS submissions and will have semiannual reports of progress on each outcome to be included in quarterly reports. In addition to state totals, area and county results will also be available to assist the PIP implementation team and management to determine where issues of noncompliance exist so that corrective action can be focused.

Quality Services Peer Review

The Arkansas Quality Services Peer Review (QSPR) mirrors the Child and Family Service Review instrument and includes COA Case Review Requirements. Quality Assurance Reviewers from Central Office and peer reviewers (including experienced workers and supervisors) will examine services needed and provided, length of service, and changes in case status or level and compliance with established timeframes. Reviewers will have access to quantitative information obtained through Arkansas CHildren's Reporting and Information System (CHRIS) electronic case record review prior to the on-site qualitative reviews. Also, paper records will be reviewed and family members, age-appropriate children, foster parents and stakeholders will be interviewed as part of the process.

Each month, peer record reviews will be conducted for each of the five following services:

- Child Protective Services,
- Adoption Services (children in foster care, in pre-adoptive placements),
- In-Home Support Services (also open as either a supportive service, child protective or foster care case),
- Intensive Family Preservation (only the direct service IFS cases in Pulaski County, these will also be open as a supportive service, child protective or foster care case), and
- Foster and Kinship Care Services.

For every service that has 100 or more consumers (ie., child protective services, adoption services, in-home support services and foster and kinship care), DCFS will review a minimum of 100 cases per year. We will review 100% of the direct service IFS cases in Pulaski County. The cases will be randomly selected by area, using SPSS software that will provide a number assignment identifying the selection and assuring each county is included in the review.

One of the goals of case record reviews is to examine documentation for every case including:

- assessments,
- service plans,
- appropriate consents,
- progress or case notes or summaries,
- evidence of quarterly case supervision,
- relevant signatures,
- service outcomes and
- aftercare plans.

The QSPR will be an in-depth review to determine how children and their families' benefit from the services they receive. Each review will focus on a single DCFS Area and will be conducted within an intensive one-week period. Each Area will be reviewed once a year, except for the largest population area, which will be reviewed three times a year. The QSPR will shift the focus away from compliance and quantitative measures and toward the areas of practice, results and qualitative concerns, including the outcome domains that form the basis of the federal Child and Family Services Reviews: safety, permanency and child and family well-being.

The QSPR results will be included in the PIP Quarterly Reports to document progress on compliance with outcomes and items. The QSPR is not intended to replace supervisory case reviews or the Compliance Outcome Record Review, but to add another level of review by a third party. DCFS will use the information from the reviews to identify and initiate improvement to services.

Other Management Reports/Activities

Supervisory Case Review

Supervisory case review is an in-depth review of the direct service work performed by the worker with families. At least quarterly the worker and his supervisor review each case to evaluate the family's progress toward achieving their case plan goals. This review will be used by DCFS field staff to determine progress with meeting case and CFSR goals, but will not be included in quarterly reporting. It includes an evaluation of the child/and or family's progress toward achieving the case plan goals established with the family and any issues or needs of child and family receiving the services.

Compliance Outcome Report

The COR as described above is a monthly-automated management compliance report that gives compliance data for the state, by area, by county and by worker. The worker level report displays information by case number and details the case specific non-compliance areas so that workers can correct the case file. This report is a management tool used by Area Managers and Supervisors in reviewing documentation and compliance requirements outlined in policy.

Quarterly Performance Report

The Quarterly Performance Report (QPR) is issued to key program and area staff. It consists of three parts:

- Performance Indicators, which provide information on service outcomes.
- Compliance Index, which reports on the Division's compliance with requirements set by DCFS with guidance from the legislative children and youth committees.
- Description of Population and Services, which describes the children who were the subjects of maltreatment reports, were served in foster care or provided adoption services.

The Division has established eight performance indicators to measure progress towards child safety, permanency and well-being:

- % of families with true allegations of child maltreatment three months, six months and one year after a previous true report.
- % of foster families with true reports of child maltreatment.
- % of children receiving Protective Services, Supportive Services or IFS who were abuse or neglected within one year of the initiation of services.
- % of children receiving Protective Services, Supportive Services or IFS who entered foster care within one year initiation of services
- % of children in foster care who returned home within eighteen months.
- % of children in foster care who have experienced more than three placements within the past eighteen months.
- % of siblings placed together
- % of children living with adoptive families within twelve months of the termination of parental rights.

Annual Report Card

The Annual Report Card consists of the information and data detailed in the Quarterly Performance Report but with final figures detailing the years' operation. It is distributed to agency managers and to legislative committees working with children, youth and families. The report is published annually and is based on a state fiscal year; July 1 – June 30th.

Oversight, Coordination and Monitoring of PIP Implementation

Implementation of the PIP must have oversight, monitoring and coordination between strategies and with other organizational initiatives.

Implementation and Coordination

Each of the three strategies will have a Work Group comprised of DCFS staff from all levels of the organization: Family Services Workers, Family Support Specialists, County Supervisors, Area Managers, Program Managers, Central Office staff, and Assistant Directors. Each Work Group will also have consumer and stakeholder participation, including foster parents, adoptive parents, providers, other stakeholders and consumers of services. There will be three Strategy Leaders:

Strategy 1 - Pat Page, Assistant Director, Legislative Analysis, Research and Planning and Shirlee Flanigin-Isbell, Administrator, In-Home Services

Strategy 2 – Billye Burke, Assistant Director, Community Support and Albert Marlar, Assistant Director, Financial and Administrative Support

Strategy 3 - Billye Burke, Assistant Director, Community Support and Quranner Cotledge, Assistant Director, Community Services
The Strategy Leaders will assure that work is completed in a timely manner for their strategy and that progress reports and required documentation are submitted on that work to Debbie Shiell, Manager, Planning, so that she may develop the Quarterly Report for ACF.

There are also Lead Persons for tasks under those strategies. A group comprised of Strategy Leaders and Task Leaders will meet regularly, at least monthly, to assure coordination in implementation of the strategies and with other initiatives of the Division and to review whether activities are making a difference in the quality of service.

The following are the Task Leaders:

Shirlee Flanigin-Isbell, Administrator, In-Home Services

Varnaria Vickers, Administrator, Out-of-Home Services

Sheryl Alexander, Manager, Policy

Alden Roller, Adoption Field Supervisor

Darcy Dinning, Manager, CHRIS

Bob Sebourn, Manager, Professional Development

Gloria Aboagye, Manager, Adoptions

Ed Wallace, Manager, Foster Care

Jim Dennis, Manager, Independent Living

Debbie Shiell, Manager, Planning

Pat Bell, Foster Parent Ombudsman

John Allen, Mental Health Coordinator

Georganne Lewis, Planning Specialist

Marilyn Counts, Manager, Quality Assurance

Oversight – Ultimate responsibility for oversight of PIP Implementation rests with the DCFS Director and his Executive Staff. They will review all quarterly reports prior to submission to ACF and will take whatever action is necessary to facilitate timely implementation of the PIP. In addition, there will be a PIP Oversight Committee, which is comprised of the Lead Persons and the persons and organizations involved in PIP Development, most of whom will also be serving on Work Groups, which will meet quarterly to review implementation of the PIP and its impact on the quality of service and give feedback on issues with implementation from their perspective (e.g., field, courts, foster parent, consumer). They will also provide coordination with other initiatives that are occurring with any organizations that they represent. This information will be used to guide changes and in development of quarterly reports.

The Quality Assurance Unit will be responsible for the qualitative reporting on progress. They will assure that this information is presented to Ms. Shiell in time to compile the Quarterly Report to ACF.

National Resource Center Requests

During the development of the Program Improvement Plan, we had consultation from the following National Child Welfare Resource Centers: Family-Centered Practice, Foster Care and Permanency Planning, Organizational Improvement, Child Maltreatment and Youth Development. We have requested technical assistance from several of the National Resource Centers (NRC):

- The NRC on Family Centered Practice revision of assessment and case planning process and to assist in the development of a system to assess and address service needs.
- The NRC on Foster Care and Permanency Planning to develop foster placement level of care system and concurrent planning.
- The NRC for Youth Development to assist with development of an independent living training curriculum for foster parents.
- The NRC on Legal and Judicial Issues to assist with training on meeting the educational needs of foster children.
- The NRC on Special Needs Adoption to assist with training mental health professionals to support adoptive families of children with special needs.

Description of the Organization

DCFS Director, Roy Kindle

The Director has management and administrative responsibilities for DCFS. The Division has four major offices, each with an Assistant Director:

Office of Community Services, Assistant Director, Quranner Cotledge

The Community Services office is responsible for the direct and purchased service delivery of child welfare services in each of the 75 counties of the state. Each of the ten areas has an Area Manager, County Supervisors, Family Service Workers, Family Support Specialists and other county-based staffs to provide direct services. In central office, the Office of Community Services has a Client Advocate who assists DCFS consumers who have inquiries and complaints and a Foster Parent Ombudsman who assists foster parents who have questions and concerns.

Office of Community Support, Assistant Director, Billye Burke

The Community Support office is responsible for the following services: Adoptions, Interstate Compact, Central Registry, Program Support for Out-of-Home Services, Program Support for In-Home Services, Independent Living, Child Abuse Protection Treatment Act (CAPTA) Services, Behavior Treatment Unit, Intensive Family Services (IFS), and Family Support.

Office of Financial and Administrative Support, Assistant Director, Albert Marlar

Administrative Services provides administrative and management support to DCFS through personnel administration, budget monitoring, resource control, and contract administration. The Administrative Services office includes the following units: Personnel, Contracts, and Financial Resources. In addition, the Foster Care/Medicaid Eligibility Unit determines the eligibility for federal funding under Title IV-E (Foster Care and Adoption) and Title XIX (Medicaid), of all children in the care of the Department who are placed in Out-of-Home Placement or subsidized adoption.

Office of Legislative Analysis, Research and Planning, Assistant Director, Pat Page

The Legislative Analysis, Research and Planning office consists of the following units: Policy, Planning and Research, Child Welfare Agency Licensing, Professional Development and Quality Assurance. The office is responsible for DCFS policy, training and professional development, comprehensive short-term and long-term planning initiatives for the delivery of child welfare services, Child Welfare Agency Licensing, COA Accreditation coordination and Quality Assurance. The office also plays a critical role in analyzing and implementing proposed legislation that impacts the Division.

In 1997, DHS and the Arkansas State Police entered into a contractual agreement that formed the Family Protection Unit, now known as the Crimes Against Children Division (CACD). CACD is composed of three sections: 1) the Child Abuse Hotline, 2) civilian employees who assess child maltreatment reports, and 3) a law enforcement unit which conducts criminal child maltreatment investigations. The CACD maintains an around-the-clock statewide intake process (The Child Abuse Hotline) for accepting reports of alleged child maltreatment. CACD civilian employees are responsible for assessing Priority I allegations of severe maltreatment, involving placements that are managed, approved or licensed by DHS for the care of children including day care homes, DHS foster homes, residential facilities and pre-adoptive homes and any allegations of maltreatment involving schools or DHS employees.